

<i>SERFF Tracking Number:</i>	<i>ASPX-125295839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026126</i>
<i>Company Tracking Number:</i>	<i>A-FRP-07 4830</i>		
<i>TOI:</i>	<i>03.0 Personal Farmowners</i>	<i>Sub-TOI:</i>	<i>03.0000 Personal Farmowners</i>
<i>Product Name:</i>	<i>SCO - Farmers & Ranchers Policy</i>		
<i>Project Name/Number:</i>	<i>SCO - Farmers & Ranchers Policy/FM AR02440ARF01</i>		

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Farmers & Ranchers SERFF Tr Num: ASPX-125295839 State: Arkansas
Policy

TOI: 03.0 Personal Farmowners SERFF Status: Closed State Tr Num: AR-PC-07-026126

Sub-TOI: 03.0000 Personal Farmowners Co Tr Num: A-FRP-07 4830 State Status:

Filing Type: Form Co Status: Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Author: SPI AssurantPC

Date Submitted: 09/18/2007

Disposition Date: 09/19/2007

Disposition Status: Approved

Effective Date Requested (New): 11/01/2007

Effective Date (New): 11/01/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

11/01/2007

General Information

Project Name: SCO - Farmers & Ranchers Policy

Project Number: FM AR02440ARF01

Reference Organization:

Reference Title:

Filing Status Changed: 09/19/2007

State Status Changed: 09/19/2007

Corresponding Filing Tracking Number:

Filing Description:

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee. We have also attached are Declaration Page - we have added two boxes:

Direct Bill or Agency Bill

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: ASPX-125295839 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: AR-PC-07-026126
Company Tracking Number: A-FRP-07 4830
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - Farmers & Ranchers Policy
Project Name/Number: SCO - Farmers & Ranchers Policy/FM AR02440ARF01

Lavinia Asay,
8655 East Via De Ventura (800) 535-1333 [Phone]
Scottsdale, AZ 85258 () -[FAX]

Filing Company Information

American Reliable Insurance Company CoCode: 19615 State of Domicile: Arizona
11222 Quail Roost Dr Group Code: 19 Company Type:
Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
(305) 253-2244 ext. [Phone] FEIN Number: 41-0735002

<i>SERFF Tracking Number:</i>	<i>ASPX-125295839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026126</i>
<i>Company Tracking Number:</i>	<i>A-FRP-07 4830</i>		
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<i>Project Name/Number:</i>	<i>SCO - Farmers & Ranchers Policy/FM AR02440ARF01</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>ASPX-125295839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026126</i>
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<i>Project Name/Number:</i>	<i>SCO - Farmers & Ranchers Policy/FM AR02440ARF01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/19/2007	09/19/2007

<i>SERFF Tracking Number:</i>	<i>ASPX-125295839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026126</i>
<i>Company Tracking Number:</i>	<i>A-FRP-07 4830</i>		
<i>TOI:</i>	<i>03.0 Personal Farmowners</i>	<i>Sub-TOI:</i>	<i>03.0000 Personal Farmowners</i>
<i>Product Name:</i>	<i>SCO - Farmers & Ranchers Policy</i>		
<i>Project Name/Number:</i>	<i>SCO - Farmers & Ranchers Policy/FM AR02440ARF01</i>		

Disposition

Disposition Date: 09/19/2007

Effective Date (New): 11/01/2007

Effective Date (Renewal): 11/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASPX-125295839	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	AR-PC-07-026126
Company Tracking Number:	A-FRP-07 4830		
TOI:	03.0 Personal Farmowners	Sub-TOI:	03.0000 Personal Farmowners
Product Name:	SCO - Farmers & Ranchers Policy		
Project Name/Number:	SCO - Farmers & Ranchers Policy/FM AR02440ARF01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter, AR - NAIC P&C TRANSMITTAL DOCUMENT, Filing Memo, AR - NAIC FORM FILING SCHEDULE, AR - FORM FILING ABSTRACT F-1	Approved	Yes
Form	Dec Page	Approved	Yes

SERFF Tracking Number:	ASPX-125295839	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	AR-PC-07-026126
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Form Schedule

Review	Form Name	Form #	Edition	Form Type	Action	Action Specific	Readability	Attachment
Status			Date			Data		
Approved	Dec Page	A8020D	0607	Policy/Cove	Replaced	Replaced Form #:	0.00	A8020D.PD
				rage Form		Previous Filing #:		F

AMERICAN RELIABLE INSURANCE COMPANY

222 South 15th Street, Suite 600 South, Omaha, NE 68102
(A Stock Insurance Company)

FARMERS AND RANCHERS POLICY

☐ New
☐ Renewal

☐ Endorsement
☐ Rewrite

☐ Direct Bill
☐ Agency Bill

Policy Number

This Declaration Page replaces any prior Declaration issued for the policy.

AGENT

NAMED INSURED

Policy Period From:

To:

Farm premises are described as follows:

We will provide the insurance described in this policy for the perils and the coverages for which a limit of insurance is shown below or on schedule(s), endorsement(s), or other form(s) that may be attached. Coverages A, B, C and F Perils covered by this policy are indicated on the attached A8208E0501 form(s). Coverage D and E Perils are always (4) Basic/Broad.

	COVERAGES	LIMIT OF INSURANCE Total All Locations
SECTION I PROPERTY	A. Dwelling	\$
	A. Additional Dwelling	\$
	B. Unscheduled Personal Property (Household)	\$
	C. Loss of Use	\$
	D. Scheduled Farm Personal Property	\$
	E. Unscheduled Farm Personal Property	\$
SECTION II LIABILITY	F. Barns, Buildings & Structures	\$
	G. Farm & Personal Liability each occurrence subject to aggregate	\$
	per aggregate, all occurrences in policy period	\$
	H. Medical Payments to Others each person per accident	\$
Additional Coverages:		\$
		TOTAL POLICY PREMIUM
		\$ *

The following forms and endorsements apply to this policy:

Coinurance Clause: Insurance under Coverage E – Unscheduled Farm Personal Property (Blanket) is subject to 80% Coinurance Clause.

Deductible: Loss by one or more of the perils insured against under Section I of this policy is subject to a deductible.

Section II Only: The Farm Premises designated herein are the only premises which the Named Insured or spouse owns, rents or operates as a farm or maintains as a residence, other than business property.

[] Mortgagee(s) [] Loss Payee

Date of Issue

Countersignature of Authorized Agent

To show that we agree to the terms of this policy, we have had it signed by our President and Secretary, but it shall not be binding upon us unless it is also signed on the Declarations Page above by one of our duly authorized agents.

SERFF Tracking Number: ASPX-125295839 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: AR-PC-07-026126
Company Tracking Number: A-FRP-07 4830
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - Farmers & Ranchers Policy
Project Name/Number: SCO - Farmers & Ranchers Policy/FM AR02440ARF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/19/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: Cover Letter, AR - NAIC P&C TRANSMITTAL DOCUMENT, Filing Memo, AR - NAIC FORM FILING SCHEDULE, AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 09/19/2007

Comments:

Attachments:

Cover Letter.PDF
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
Filing Memo.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
AR - FORM FILING ABSTRACT F-1.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


3.	Group Name	Group NAIC #
	Assurant, Inc. Group	0019

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Reliable Insurance Company	AZ	19615	41-0735002	

5. Company Tracking Number	A-FRP-07 4830
-----------------------------------	---------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Lavinia Asay 8655 East Via De Ventura Scottsdale AZ 85258		800-535-1333		

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Lavinia Asay

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	03.0 Personal Farmowners
10.	Sub-Type of Insurance (Sub-TOI)	03.0000 Personal Farmowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Farmowners & Ranchers
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 11/01/2007 Renewal: 11/01/2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	09/18/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	A-FRP-07 4830
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee. We have also attached are Declaration Page - we have added two boxes:
Direct Bill or Agency Bill

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="180 1461 295 1516"> Check #: Amount: </div> <div data-bbox="151 1757 1304 1812"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	A-FRP-07 4830
----	--	---------------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	A-FRP-07 4831
----	---	---------------

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Dec Page	A8020D 0607	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



ASSURANT
Specialty
Property

Arkansas Insurance Department
Property & Casualty Division
1200 W 3rd Street
Little Rock, AR 72201-1904

American Reliable
Insurance Company
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.483.1675

www.assurant.com

September 18, 2007

Re: American Reliable Insurance Company
Farmers & Ranchers Program - FEIN – 41- 0735002 - Group # 0019 - NAIC # 19615
Form Revision Filing
Company Filing No: A-FRP-07 4830
Requested Effective Dates: 11/01/07 NB & RNL Business

American Reliable Insurance Company respectfully submits the attached form filing revision for our currently approved Farmers & Ranchers in your state. We are requesting effective dates of **November 1, 2007 for New and Renewal Business.**

In regard to this filing, enclosed you will find the following information for your review and consideration:

- § Cover Letter
- § Filing Memorandum
- § A8020D0607 – Dec page
- § Certification of Compliance
- § NAIC transmittal documentation and form filing schedule

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The language will remain the same as approved by your Department.

We hope you will be in a position to grant favorable consideration to this submission. Please feel free to contact me at the email address or telephone number listed below if you should have any questions.

Sincerely,
Lavinia Asay
Regulatory Analyst
Phone: 1-800-535-1333, Ext. 284
E-Mail: Lavinia.asay@assurant.com

Enclosures


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Assurant, Inc. Group				Group NAIC #	0019
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
American Reliable Insurance Company	AZ	19615	41-0735002			

5. Company Tracking Number	A-FRP-07 4830
-----------------------------------	---------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lavinia Asay 8655 East Via De Ventura Scottsdale AZ 85258		800-535-1333		
7. Signature of authorized filer				
8. Please print name of authorized filer	Lavinia Asay			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	03.0 Personal Farmowners	
10. Sub-Type of Insurance (Sub-TOI)	03.0000 Personal Farmowners	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]		
12. Company Program Title (Marketing Title)	Farmowners & Ranchers	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14. Effective Date(s) Requested	New: 11/01/2007	Renewal: 11/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. Reference Organization (if applicable)	NA	
17. Reference Organization # & Title	NA	
18. Company's Date of Filing	09/18/2007	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	A-FRP-07 4830
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee. We have also attached are Declaration Page - we have added two boxes:
Direct Bill or Agency Bill

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="180 1461 295 1516"> Check #: Amount: </div> <div data-bbox="151 1757 1304 1812"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

AMERICAN RELIABLE INSURANCE COMPANY
FILING MEMORANDUM

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee.

We have also attached are Declaration Page – we have added two boxes:

Direct Bill or Agency Bill

FORM FILING SCHEDULE

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1.	This filing transmittal is part of Company Tracking #	A-FRP-07 4830
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	A-FRP-07 4831
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Dec Page	A8020D 0607	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT

Form F-1
Rev. 4/96

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 09/18/2007
2. Company Name(s) American Reliable Insurance Company
Group Name Assurant, Inc. Group NAIC No. 19615 Group No. 0019
3. (a) Annual Statement Line of Business Number (Page 14) 03.0 Personal Farmowners
(b) Class of Business _____
© Coverages Affected _____
4. (a) Name of Advisory Organization, if any NA
(b) Affiliations with Advisory Organization: Member (☐) Subscriber (☐)
5. Is this a reference filing? Yes (☐) No (☒) If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
(b) Date of Filing _____
© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Authorized
8. Is the form filed in response to or due to legislation? If so, specify legislation.
NA
9. Is the form in response to or due to recent court decisions? If so, give citation.
NA

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Lavinia Asay

Title

800-535-1333

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	11/01/2007	A8020D 0607	Dec Page